

Entered - 01/11/01 - sb
CL01L0030 - DIANNE C. MITCHELL

01-*R*-0170

CLAIM OF: STEVEN BLACKMON
1810 Chase Village Drive
Jonesboro, Georgia 30236

For damages alleged to have been sustained as a result of a vehicular
accident on December 28, 2000 at 1125 Cascade Circle, SW.

THIS ADVERSED REPORT IS APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0030

Date: February 1, 2001

Claimant /Victim STEVEN BLACKMON

BY: (Atty)(Ins. Co.) _____

Address: 1810 Chase Village Drive, Jonesboro, Georgia 30236

Subrogation: _____ Claim for Property damage \$ 2,700.00 Bodily Injury \$ _____

Date of Notice: 01/05/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 12/28/00 Place: 1125 Cascade Circle, SW

Department Police Division: _____

Employee involved Candice D. Sartor Disciplinary Action: Pending

NATURE OF CLAIM: The driver of the City vehicle was not watching the roadway and collided with the claimant's parked vehicle causing damages in the above amount. However, the claimant has elected to receive payment for his damages through his insurance carrier.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver X Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. X Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 02-01-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

Mitchell
01/10/01
RE: CLAIM FOR DAMAGES *Dr*

Today's Date: 1-5-01

Dear Municipal Clerk:

ENTERED - 1-11-01 - SB
01L0030 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2700.00 property and/or \$ bodily injury for which I contend the City is liable.

1. Date of incident: 12-28-00 2. Time of Incident: 02:30 AM 3. Police called: X
(month/day/ year) Yes No
4. Location of incident (including street address): 1125 Cascade Cir SW
5. Name of your insurance company: State Farm Policy No. 283228-CID-11
6. State what and how incident occurred: - See Remarks on Accident Report -

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Volkswagen (Jetta) 88 697 EYD Owner: Steven Blackman
(Make) (Year) (Tag Number) No Driver
(Driver's Name)

City vehicle: Ford Sactor, Candice FOD/2-4/Morning
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: N/A
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Steven Blackman
Signature of Claimant

Steven Blackman
(Print Claimant's Name)

1810 Chase Village Dr.
(Address)

Jonesboro Ga. 30236
(City, State and Zip Code)

404-756-1903
(Work Number)

770-968-1623
(Home Number)

01-R-0170